

Indiana First Steps Early Intervention System Provider Update Newsletter February 2007 Volume 1, Issue 2



Progress Report Form

As you may remember from the last Provider Update Newsletter, progress reports are to be submitted to the ongoing Service Coordinator at the beginning of months 3, 5, 9, and 11. These will be forwarded to the Lead ED Team member. This way, the ED Team is able to keep updated on the child's progress and participate in an annual re-evaluation as an informed team member. This also allows you, as the ongoing provider, to share your observations with other team members. This information allows for a more complete assessment. Included in this edition is a sample progress report form that may be used. **You may add or personalize the form to meet your needs, but it must contain the same information as the sample form.** (The form is attached to the end of this document. Please make copies of page 2 if needed to address all IFSP outcomes.) This will ensure that the IFSP outcomes are being addressed and the IFSP team has good information to help determine continued service recommendations.

AEPS Trainings in 2007

Several participants will be attending an AEPS Train the Trainer Conference on February 16, 2007 in Indianapolis. Once this is complete, we will begin offering AEPS trainings throughout the state. Stay tuned for additional information.

What is Billable with a family?

As a provider, you may only bill for the Face to Face time that you are working with the family or child toward an IFSP goal. Billable time starts when you initiate work with the family or child. Billable time stops when your work with the family and child ends. Time spent cleaning up, writing reports and travel may not be included in the billable time. Providers may bill for the time spent debriefing the session with the family and/or family education. It is also acceptable to document on the Face-to-Face form during the debriefing. This will allow you the opportunity to summarize the purpose and intent of the visit, progress made and share with the family activities/strategies that they can use in-between the next scheduled visit. General conversation or chit-chat should not be included as billable time for the session. You should remember that you are to provide to the parent a copy of the Face-to-Face form with in one (1) week of the session.

General Rule, Appropriate Time between Visits

Travel time is not billable time. Therefore, you must allow yourself travel time to get from one appointment to another. In looking at billing activity for a day, the completed Face-to-Face forms must allow for travel. If you leave a house at 10:00 am and you have to drive a few blocks away, your next Face-to-Face sheet should reflect the time you start work with the next family and/or child. If you are seeing multiple children at the same location, you must continue to accurately reflect the time the first session ends, and the next session begins.

When reporting this accurately, you will not have an overlap of two sessions, or one session ending at the same time the next begins.

When completing your Face-to-Face form, you must remember to include the address where the session is provided. If you are working in two different time zones, please clarify on the Face-to-Face form the time zone you are recording, as this will provide clarification during a review. If your files are requested for a review or audit, the reviewer will check the time between appointments to determine if the travel time is reasonable. If there is an overlap of time or insufficient travel time allotted, you will be responsible for repayment of time that is not appropriately documented. Lastly, if you make a mistake on the time, date or location, please cross out the mistake with one line and initial and date. The parent will also need to initial and date the correction.

Family and Provider Surveys

The Bureau of Child Development Services has created several on-line surveys for both providers and parents in an effort to gain feedback and insight on the several changes implemented to the system over the past several months. These surveys can be completed anonymously, and will provide state staff with cluster results/responses that will be utilized to identify any specific, local issues to address, as well as to potentially recognize areas where Indiana has been successful in system implementation. You may also be notified of these surveys through your local SPOE office via email.

Each survey covers a specific topic; there are three surveys for providers to access and three surveys for parents. Below are the current survey categories, scheduled to be available for your access this month and link: http://www.state.in.us/fssa/first_step/surveys/

Provider Surveys: SC/SPOE Communication Authorizations and Claims AEPS and ED Teams

<u>Parent Surveys</u>: Cost Participation Service Coordination Provider Relationships

Please be advised that these surveys are anticipated to fill up quickly and close out for data analysis, so you are encouraged to complete them as soon as they become available. All the survey links will be posted on the First Steps website under 'What's New.' Once you click on the links you will be taken directly to the survey through the website surveymonkey.com. Please only submit one survey in each category for each cluster you currently serve. This survey process is new to the Bureau's efforts to gather information regarding system implementation, and as a trial method, it will be reviewed for effectiveness once adequate responses have been received and reviewed.

While it is recognized that there may be some limitations to offering opportunity for feedback via an online mechanism, the Bureau views the surveys as only one of several avenues for

communication on these issues. Your comments, suggestions, and feedback are welcome, and the Bureau of Child Development Services looks forward to reviewing the results to both maintain and strengthen Indiana's early intervention system.

IFSP Services

As an ongoing therapist, you are responsible to know the parameters of the IFSP dates and the dates your service is authorized. Please check your authorizations on Web InterChange to verify your authorization dates. If your authorization on Web InterChange does not match the IFSP, please contact the ongoing Service Coordinator or complete your local SPOE's form for authorization issues. Services provided outside the parameters of the IFSP and authorization, as correctly listed on Web InterChange, will not be reimbursed. Therefore, it is especially important to verify the start and end date of an authorization, as well as frequency and intensity, to insure you are delivering services within the authorized parameters.

If you know the IFSP is getting ready to expire, and you have not heard from the Service Coordinator, you should follow up with the Service Coordinator to see when the annual evaluation and/or IFSP meetings are scheduled. This situation may be true at either a 6-month review or an annual review. At a six month review, the Service Coordinator must have a copy of all provider 2nd quarterly progress report listing the progress and recommendations. Without this report, the IFSP team will be unable to make an informed decision on the need for service, and therefore, will likely not authorize your service for the remainder of the IFSP. If at the annual evaluation there is a lapse in eligibility or the IFSP, you may not provide services as appropriate authorization from the parent and physician have not been obtained. If you do inadvertently continue services outside the scope of your authorization, please be aware that there is no mechanism in place to reimburse unauthorized services or change authorization date to cover visits completed outside the authorized time frame.

If a service is added once the IFSP has begun, please note that you are not authorized to begin services until the parent and the physician has signed the change page of the IFSP. The Service Coordinator will let you know when you may begin services. You should receive a copy of the IFSP from the Service Coordinator. Please check the IFSP and verify the accuracy of the authorization on Web interChange.

When initiating a change to an authorized service, you may not deviate from the current authorized service delivery until the parents have been made aware of their rights and the required paperwork has been completed. If a change (increase, decrease, or discontinuation) is recommended, please submit a completed Request for Change form to the Service Coordinator with your recommendations. The Service Coordinator will then facilitate communication with other team members regarding the change. If a change is supported by the team, the change will be discussed with the family along with a presentation of a 10-day prior written notice, which outlines the change. Unless the parent requests a discontinuation of services earlier, services must continue to be provided as written in the IFSP during this 10-day timeframe. In addition, this time, allows the family time to discuss the change, and request reconsideration when additional or concerns should be reviewed.

Matrix Updates

You are responsible for updating your matrix page. Per your service agreement, you are required to update your matrix monthly. If the matrix is not updated every 120 days, your matrix page will disappear. If your matrix page is not maintained and is not visible on the matrix website, you cannot be offered to families as an available provider for ongoing services, you cannot have authorizations entered by the SPOE and will not be able to bill. To reactivate your matrix, you will have to contact EDS to get another username and password.

When updating your matrix, you may want to verify the accuracy of the date and submit updates to licensure and certification as appropriate. Please remember, the information posted on the matrix is date driven. If you send in information to be added to your matrix such as CPR certification, this is only valid until the certification expires. If you add conferences you have attended, these will only be valid for one year from the date of attendance. Therefore, is important to update your matrix monthly if you want this information reflected to families.

Insurance

Starting in February, families may begin to notice TPL recovery (payments received from their insurance company) on their EOB statement from EDS. If they have any questions, they should contact their Service Coordinator or the EDS Help Desk for additional information.

Billing Issues

Delivery of timely services: Indiana has defined timely services as those delivered within 30 days of IFSP authorization. This requirement is not only best practice, but is required by federal regulation and must be reported to the federal Office of Special Education Programs (OSEP) on an annual basis.

Therefore, once the IFSP has been signed by the parent and physician, providers authorized in the IFSP are to initiate delivery of services within 30 days of the date of the IFSP. If you are not able to deliver services within 30 days, you must document your attempts, barriers to delivering services, and providing notification to the Service Coordinator. If you are having difficulty scheduling or contacting the family, please contact the Service Coordinator, as he or she may be able to help.

60 day billing:

Once you initiate the delivery of IFSP services, you must bill within 60 days of the date of service, whether or not an authorization is showing up on Web InterChange. You must not delay billing for lack of an electronic authorization. The First Steps policy is that the provider has 60 days to bill for services; this policy is firm. A waiver will be granted only if you can show that it is through no fault of your own that you are billing late.

Please be aware that, whether or not we approve the waiver on the late billing, you must correct all the other problems that caused denials before submitting the waiver request to us. This includes, but not limited to, the denial code 3001 that is explained below. You will need to send us the most recent ICN for the most recent claim submitted, with all other denial issues addressed. That claim must have only a 512 reason for denial. We cannot process and issue a waiver letter for claims with multiple EOB codes.

Denial for Code 3001:

If you submit a claim within 60 days from the date of service and the authorization has not been entered into SPOE and/or the Web InterChange, you will receive a Denial Code 3001, "No PA on file for dates of service." However, once the PA has been entered, you will need to go into the system under the original ICN that was billed within the 60 days from date of service and use the Replace button to resubmit the denied claim. This will create a "daughter" claim that will have an ICN beginning with 62. The claim should then pay without need for a waiver.

If you have applied for a waiver through the state and have followed all the directions sent to you via email from Financial Services, then you need to wait for your waiver to be processed. Contacting them will slow down the process for everyone waiting for reimbursement. If you have not heard anything from Financial Services after 30 days of submitting all your information and receiving a letter via email verifying you are eligible to receive a waiver, you may contact them to check on your status. They are processing claims as quickly as possible.

Communication

Please make sure you are communicating with EDS, SPOE, other providers and the First Steps website before you contact the state consultants for assistance. If however you have contacted the appropriate helpline and your issue was not resolved to your satisfaction, please email firststepsweb@fssa.in.gov for assistance.

Provider Credentialing Letters

An issue was discovered by First Steps and EDS with the credentialing letters. These letters were being populated in an automated system but were never mailed out. EDS on February 16, 2007 mailed out 957 credentialing letters to providers. You should have already received your letter in the mail. If you still do not have a copy of this letter, please email the First Steps website.

Indiana First Steps Progress Report Sample Form

3-month5-month9-month11-monthOther
Child Name: Child ID#:
Date of Birth:IFSP Date: Report Date:
Chronological Age: Adjusted Age:
Diagnosis:
Parent/Guardian Name:
Address:
Phone Number(s):
Service Coordinator:
Phone Number: Fax:
Provider/Discipline:
Phone Number: Fax:
Other Team Members:
Frequency/Intensity of Service as listed on IFSP:
Number of visits authorized: Number of visits attended:
Number of missed visits: Family reason Provider reason_
Make-up visit offered: Yes No
IFSP Outcomes:
M =Modified 2 =Achieved 1 =Partially met 0 =Little or no progress made

Child Name:	DOB:
Outcome #:	
Strategy:	
Comments/Suggestions:	
Status of outcome: 2 1	0
New outcome suggested:	_ Modification to outcome recommended:
Outcome #:	
Strategy:	
Comments/Suggestions:	
Chatrin of automore 2	
Status of outcome: 2 1	0
New outcome suggested:	_ Modification to outcome recommended:
Overall Recommendations:	
Provider Signature	Date